

ST. STEPHEN SCHOOL ENROLLMENT APPLICATION 2024-2025			DATE _____	
			GRADE APPLYING TO _____	
CHILD'S NAME		SEX	DATE OF BIRTH	PLACE OF BIRTH
Last _____	First _____	Middle _____	M <input type="checkbox"/> F <input type="checkbox"/>	Month _____ Day _____ Year _____ City _____ State _____
ADDRESS			HOME PHONE	
No. and Street _____			City _____	State _____ Zip _____
WHO IS THE CHILD LIVING WITH?				
<input type="checkbox"/> Natural father and mother <input type="checkbox"/> Other _____				
FATHER (or male guardian)		U. S. Citizen	Religion	Place of Birth
Last _____	First _____	Middle _____		
Name of Employer, Business Address, City & Zip _____				Occupation _____
Father's Email _____			Business Phone _____	Cell Phone _____
MOTHER (or female guardian)		U. S. Citizen	Religion	Place of Birth
Last _____	First _____	Middle _____		
Name of Employer, Business Address, City & Zip _____				Occupation _____
Mother's Email _____			Business Phone _____	Cell Phone _____
PLEASE LIST THE NAMES AND RELATIONSHIPS OF OTHER ADULTS AND CHILDREN LIVING WITH THE CHILD				

PLEASE CHECK ANY SACRAMENT(S) THE CHILD HAS RECEIVED				
<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/> Baptism Date _____ Church _____ Address _____ <input type="checkbox"/> Communion Date _____ Church _____ Address _____ <input type="checkbox"/> Reconciliation Date _____ Church _____ Address _____ <input type="checkbox"/> Confirmation Date _____ Church _____ Address _____				
SCHOOL THE CHILD LAST ATTENDED (OR IS NOW ATTENDING)				
NAME OF SCHOOL _____		NAME OF PRINCIPAL _____		
ADDRESS OF SCHOOL _____			PHONE # _____	

FOR OFFICE USE ONLY: APPLIC. CK #: _____ AMOUNT: _____ DATE: _____

VERIFICATION DOB: _____ BAPTISMAL CERT. _____ BIRTH CERT.: _____

REG. CK #: _____ AMOUNT: _____ DATE: _____

COPY OF REPORT CARD _____